



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

CNK-HS-0400
Chinook Building
401 Fifth Avenue, Suite 400
Seattle, WA 98104

206-263-9000

206-296-0583 Fax (Reception)
206-205-1634 Fax (Clinical Services)
7-1-1 TTY/TDD

King County Mental Health Advisory Board (MHAB) Regular Meeting July 8, 2014

Members Present: Lauren Davis, Nancy Dow, Kristin Houser, Veronica Kavanagh, Toni Krupski, Katelyn Morgaine, Allan Panitch, Heather Spielvogel

Members Absent: Maria Davis, Alicia Glenwell, John Holecek (excused)

Guests Present: Joan Clement (King County Alcoholism and Substance Abuse Administrative Board); Kathy Obermeyer (Guest); Laura Meins (MH Ombuds); Aaron Parker, Ricky Luce, Seiko Yamashita (Therapeutic Health Services)

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

Staff Present: Bryan Baird, Jean Robertson

I. Welcome and Introductions

Kristin Houser, Chair, convened the meeting at 4:30 p.m., in the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. Members were welcomed and introductions were made by each member. A quorum was present for the meeting.

II. Minutes Approval

The June 10th meeting minutes were unanimously approved.

III. Therapeutic Health Services (THS) Presentation

A panel of THS staff presented material to the Board about their agency. The agency has nine branches throughout King County that includes services such as: Alcohol & Drug Services; Integrated Cognitive Therapies Program; Mental Health Services; Parenting & Family Programs; Youth Programs & Services; among other services. These services help to reduce overall health care costs, unemployment, multi-system involvement, truancy/dropouts, and crime. In 2013, THS helped 2,000 youth and 10,000 adults mostly from particularly vulnerable

populations, using the most effective evidence-based treatment approaches currently available.

When seeking hospitalization for an individual who needs inpatient care, the THS has encountered issues like communication and transition delays with Designated Mental Health Professionals (DMHPs), long wait times in emergency rooms (ER), (THS clients make up 2.5% of all regional ER visits), and limited bed availability.

Services provided to THS clients who might become incarcerated include: coordinate MH care with jail MH provider, when staff have jail clearance, visit client in jail, and coordinate MH care after jail release.

Barriers THS has experienced with their clients:

1. Homelessness.
2. Limited phone availability.
3. Transportation.
4. Inconsistency in clients' participation for their MH care.

The agency regularly evolves and grows with a progressive vision to cover a large array of services that includes collaborating with other agencies such as Navos, and using a team-driven focus vs. using solo clinician assistance to support client(s). Currently, THS has one peer on staff.

IV. Chairperson's Report

Regarding the legislative efforts we are making on the IMD issue, next steps for a solution may be through possible Executive action by President Obama, CMS fixes it, or through legislative action through House Bill 2757. Other efforts may be to look at allies and advocates, such as Rep. Dave Reichert, and through NAMI Greater Seattle. Joan Clement suggested contacting other NAMI offices to have representation from a number of different states. Members have been in talks with staff from Senators Cantwell and Murray, among other legislators to continue to move this effort forward.

Jean Robertson added a draft letter has been routed and sent to the Department Public Information Officer to perform final edits and formatting in preparation for signature. She added the letter from the Boards can be made available for member review next week, with copies going to the Governor and other legislators.

Joan Clement added the KCASAAB decided in their June meeting, when the letter comes out, the Board would vote over email to expedite the process with as many Board member signatures included.

V. Staff Report – Jean Robertson

Boarding will continue. The County received some state funding to bring diversion services back to capacity. The County now has 10 next day

appointments available each day within different parts of the County with five different providers, and have reinstated more stabilization services. This restored capacity was back up and running in May 2014.

The County launched a new program called Transitional Support Program (TSP) and will be putting a team in the community to help the boarding hospitals, (that primarily do not have psychiatric services) and later with discharge planning and post-discharge assistance. The County wants to work with Coleman Transitions, an evidence-based, care transition model training program that will focus on reducing the length of stay, the number of those going to Western State Hospital, and assist individuals to be more successful when moving back into the community. Sound Mental Health was the successful bidder for this and the program is being launched as a learning collaborative because this is a new service model.

The County now has some funding from the state for 16-bed evaluation and treatment facilities and has notified two bidders that they were successful, with the hope to get one up and running sometime next year. These agencies are Valley Cities Counseling and Consultation (VCCC) in partnership with Recovery Innovations, (from Arizona), progressive recovery-oriented services; the other agency is Telecare (from California), who also provides recovery-oriented innovative facilities and services. Their Development Director is Faith Ritchie, former VCCC Chief Executive Officer and King County colleague. Both Recovery Innovations and Telecare already have existing sites here in Washington state.

In addition, Harborview Medical Center is planning to add seven new psychiatric inpatient beds and there has been discussion with Swedish Hospital of opening a unit. Included in Senate Bill 6312 was a temporary provision to suspend the certificate of need process and cost if hospitals will convert medical beds to psychiatric beds.

Related to the DMHP response times, the County is in process of expanding the Mobile Crisis Team so they can perform more of the initial crisis outreaches and taking some of that burden off the DMHPs. The barrier there has been in being able to hire into available positions.

VI. Quarterly Liaison Reports

Nancy Dow reported that Sound Mental Health participates in the National Board Conference. She shared reports of an alignment with providers and insurers to sustain programs.

VII. Board and Community Concerns

Nancy Dow requested a six-month leave of absence to take some training. This was approved by the Board. In Nancy's absence, Katelyn Morgaine or Kristin Houser will serve as back up to the MIDD Oversight Committee. Kristin and Heather will participate in Partnership meetings.

VIII. Adjournment:

With no further business, the meeting adjourned at 6:30 p.m.

Prepared by:
Bryan Baird, Board Liaison

Attested by:
Kristin Houser, Chair

FINAL